



## NCHS Data on Health Insurance and Access to Care

### About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides multiple perspectives to help understand the population's health, influences on health, and health outcomes.

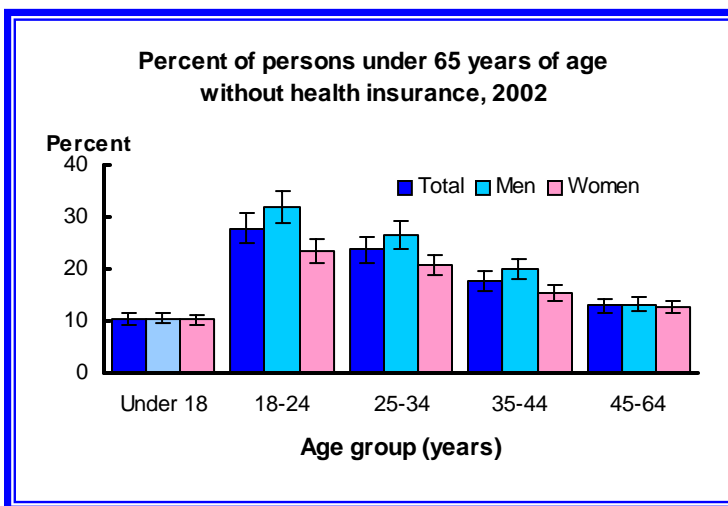
### Health Insurance and Access to Care

Health insurance coverage is an important determinant of access to health care. Uninsured children and non-elderly adults are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts. The major source of coverage for persons under 65 years of age is private employer-sponsored group health insurance. Private health insurance may also be purchased on an individual basis, but it costs more and generally provides less coverage than group insurance. Public programs such as Medicaid and the State Children's Health Insurance Program provide coverage for many low-income children and adults.

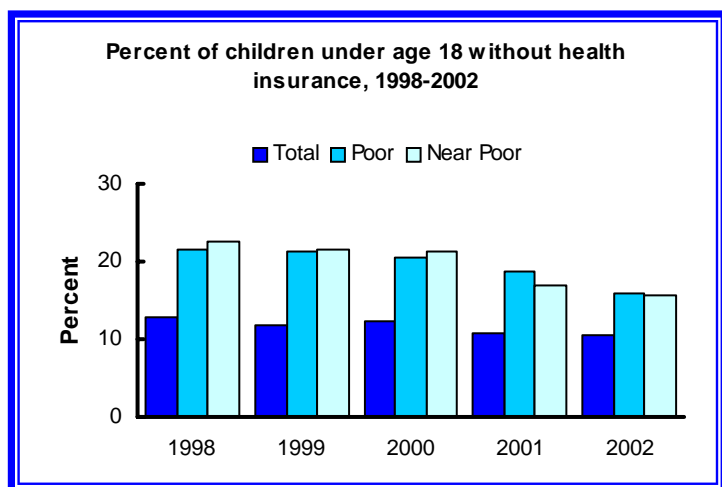
### Health Insurance Data

Data from the 2002 **National Health Interview Survey** (NHIS) show:

- ◆ The percent of persons under age 65 years covered by public health plans increased from 12.4 percent to 15.2 percent from 1999 through 2002. The percent covered by private health insurance decreased from 73.1 percent to 70.1 percent for the same time period.
- ◆ In 2002, Hispanics and non-Hispanic blacks were more likely to lack health insurance than non-Hispanic whites (30.6 percent, 17.2 percent and 10.8 percent, respectively).
- ◆ In 2002 among adults in age groups 18-24 years, 25-34 years, and 35-44 years, men were more likely than women to lack health insurance coverage.



Source: National Health Interview Survey, 2002



Source: National Health Interview Survey, 1998-2002

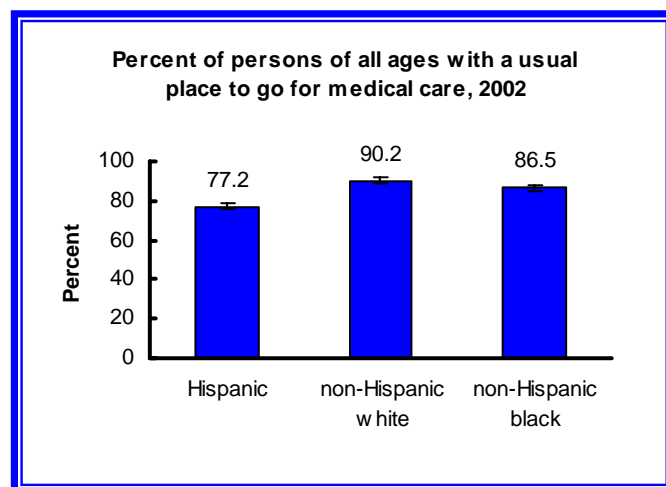
NHIS data on health insurance coverage for children under 18 years of age show:

- ◆ There was a decline in the percent of U.S. children (under 18 years of age) who lacked health insurance coverage from 12.7 percent in 1998 to 10.4 percent in 2002.
- ◆ The percent of poor children without health insurance decreased from 21.6 percent in 1998 to 15.8 percent in 2002; the percent of near poor children without health insurance decreased from 22.5 percent in 1998 to 15.6 percent in 2002.

## Access to Care Data

Access to care is important for prevention and for prompt treatment of illness and injury. Indicators of access to care include the extent to which persons have a place they usually go for medical care, and whether persons receive their care in the right setting (for example, whether care for non-urgent conditions is sought from a physician's office rather than an emergency department).

Research has shown that without access to timely and effective preventive care, patients may be at risk for potentially avoidable hospitalizations. Examples of avoidable conditions include hospitalizations for immunizable conditions, asthma, malignant hypertension, or complications of diabetes. Clinical experts note that with access to timely and appropriate ambulatory care patients may be able to prevent such illnesses, control acute episodes, or manage chronic conditions to avoid exacerbation or complications of those conditions.



Source: National Health Interview Survey, 2002

Data from the 2002 NHIS show that Hispanic persons were less likely than non-Hispanic whites or non-Hispanic blacks to have a usual place to go for medical care.

Data from the **National Health Care Survey**, a family of establishment-based surveys that capture use of health care services across the major sectors of the U.S. health care system, are critical for identifying gaps in health care delivery and health services utilization.

Data show that patterns of care seeking vary considerably by race. During 2001, the visit rate to office-based physicians was significantly higher for white persons compared with blacks and Asians (342.6 versus 189.4 and 263.9 per 100 persons, respectively). In contrast, visit rates to hospital outpatient departments show a reverse pattern. The visit rate for blacks was 75 percent higher than for whites (48.8 versus 27.9 per 100 persons), and 101 percent higher than for Asians (24.3 per 100 persons). Blacks also had a 76 percent higher rate of emergency department (ED) use compared to whites (63.7 versus 36.1 per 100 persons). ED visit rates by Asians were considerably lower than for other racial groups (19.0 per 100 persons).

## Health Insurance and Access to Care Data Sources

NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. They include:

- ◆ **National Health Interview Survey (NHIS)**— obtains information on the nation's health status through confidential household interviews that measure: health status and disability, insurance coverage, access to care, use of health services, immunizations (child), health behaviors, injury, and the ability to perform daily activities.  
<http://www.cdc.gov/nchs/nhis.htm>
- ◆ **National Health Care Survey** – a family of health care provider-based surveys that collect data from the clinical perspective. These surveys provide a picture of how the delivery system works, and provide an opportunity to learn about patients, their illnesses, and treatments. NCHS surveys hospitals, emergency and outpatient departments, ambulatory care centers, nursing homes, and hospices to learn about the characteristics of patients and the surgical and medical treatments provided. <http://www.cdc.gov/nchs/nhcs.htm>

### Challenges and Future Opportunities

- ◆ Increase the usefulness of provider-based data to monitor and assess quality of care by providing national benchmark data for comparison with state and local performance. Data collection forms and sampling frames can be adapted to address quality of care issues and information can be linked to data on provider characteristics.
- ◆ Expand the sample sizes in the various surveys to more accurately monitor disparities in health care among priority populations such as racial and ethnic minorities, women, rural communities and children.
- ◆ Improve the completeness and usefulness of data on the range of long-term care facilities such as assisted living facilities and home care agencies.
- ◆ Develop mechanisms to assess state and local health insurance and access issues on an ongoing basis.
- ◆ Expand the range of providers captured in the surveys. For example, in ambulatory care, expand the sample to include providers not currently covered such as radiologists or oncologists, as well as to capture the emerging use of alternative health care providers.

For further information about NCHS and its programs, visit us at <http://www.cdc.gov/nchs>, or call the Office of Planning, Budget and Legislation at 301-458-4100.